

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-022708

DATE ISSUED: 07/11/2019

FEE NUMBER: 34515

FIRST AND MIDDLE NAME(S): [REDACTED]

LAST NAME(S): [REDACTED]

COUNTY OF DEATH: KING

DATE OF DEATH: MAY 13, 2018

HOUR OF DEATH: 12:40 AM

SEX: MALE

AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: [REDACTED]

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF OF THE BOAT

INDUSTRY: U S NAVY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: [REDACTED]

RELATIONSHIP: DAUGHTER

ADDRESS: [REDACTED]

CAUSE OF DEATH:

A: SUBDURAL AND SUBARACHNOID HEMORRHAGE

INTERVAL: DAYS

B: BLUNT FORCE INJURIES OF HEAD

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MAY 12, 2018

HOUR OF INJURY: 12:50 AM

INJURY AT WORK: NO

PLACE OF INJURY: CASCADE BEHAVIORAL HEALTH

LOCATION OF INJURY: 12844 MILITARY RD S

CITY, STATE, ZIP: TUKWILA, WASHINGTON 98168

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER

CITY, STATE, ZIP: BURien, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

INSIDE CITY LIMITS: NO COUNTY: [REDACTED]

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER/PARENT: [REDACTED]

MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: [REDACTED]

PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: PORT ORCHARD, WASHINGTON

DISPOSITION DATE: MAY 22, 2018

FUNERAL FACILITY: PENDLETON-GILCHRIST FUNERAL HOME, INC.

ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

FUNERAL DIRECTOR: MARK RILL

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: MAY 15, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: [REDACTED]

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: MAY 22, 2018